

Leucémies Aiguës

Highlights 2018

Réseau Onco-Occitanie

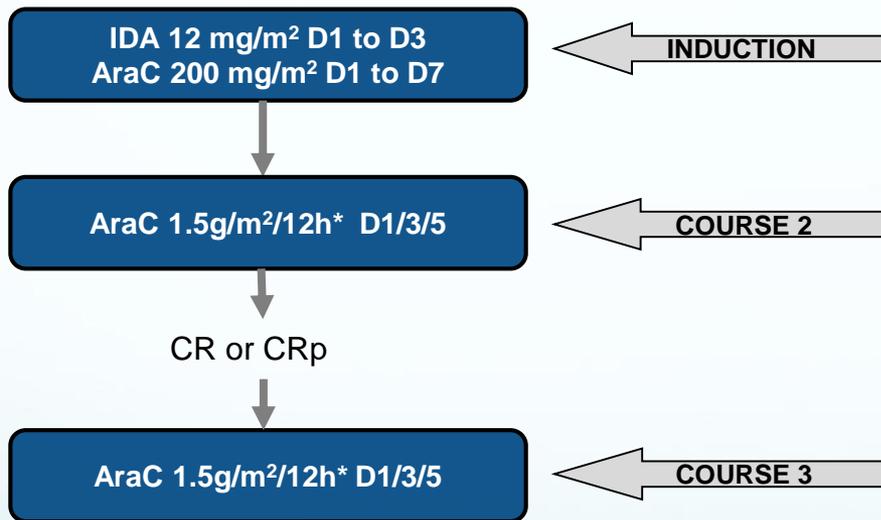


Institut de cancérologie du Gard

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Hématologie Clinique

The ALFA-1200 study

- A total of 509 eligible older patients were prospectively enrolled in the ALFA-1200 study between 09/2012 and 06/2016



* reduced to 1g/m²/12h if age ≥ 70y

Eligibility for SCT in first CR/CRp

- Intermediate/adverse-risk AML
- And/or 2 courses to reach CR/CRp

Recommended SCT time

- After course 3

Recommended SCT procedures

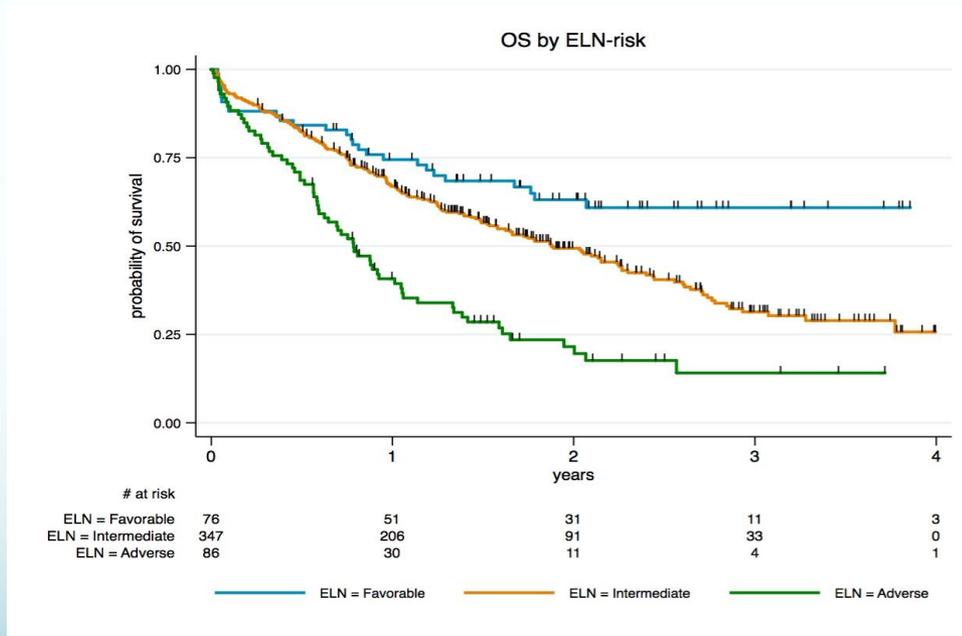
- Sibling or fully-matched unrelated donor
- No specified RIC regimen

Further Tx in non-transplanted patients

- Maintenance was allowed after course 3
- No specified maintenance Tx

Overall survival

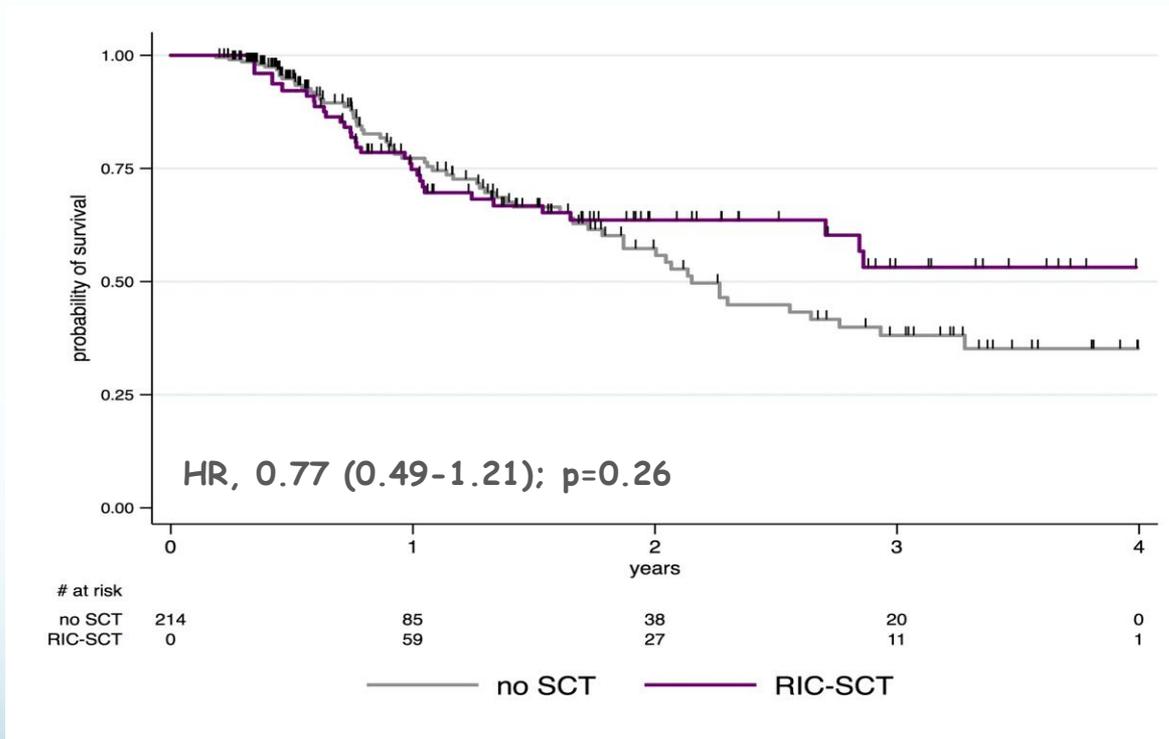
- Median follow-up, 26 months
- Median OS, 20.7 months (95% CI, 17.5-24.8)
- OS at 2 years, 46.8% (95% CI, 41.9-51.4)
- 60-day and 100-day mortality, 9.4 and 13.0%



<i>CR/CRp rate</i>	<i>Median OS</i>
81.5%	NR
74.6%	22.5 months
55.8%	9.5 months

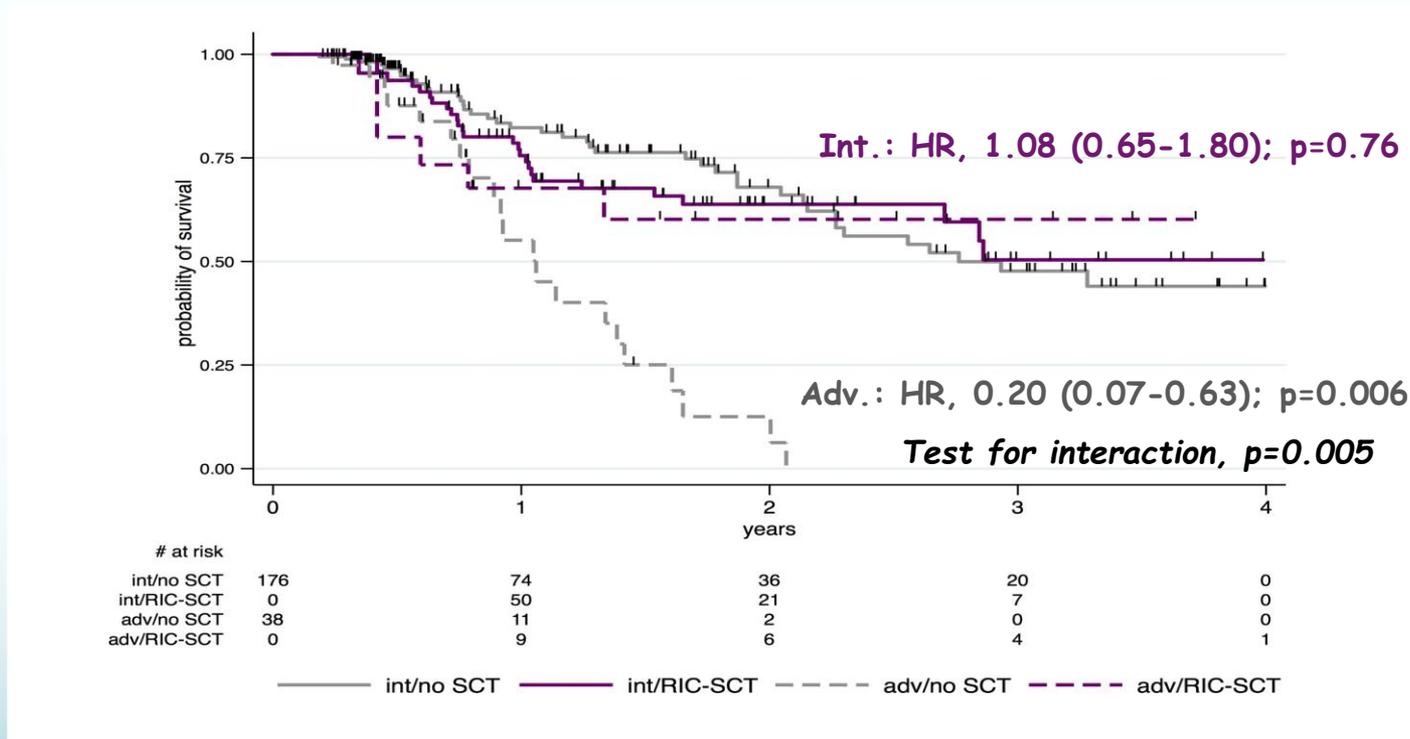
Effect of SCT in first CR/CRp (n=214 SCT-eligible patients aged ≤70 years)

- Simon-Makuch plots for overall survival (OS)



Effect of SCT in first CR/CRp (n=214 SCT-eligible patients aged ≤70 years)

- Simon-Makuch plots for OS, by ELN risk



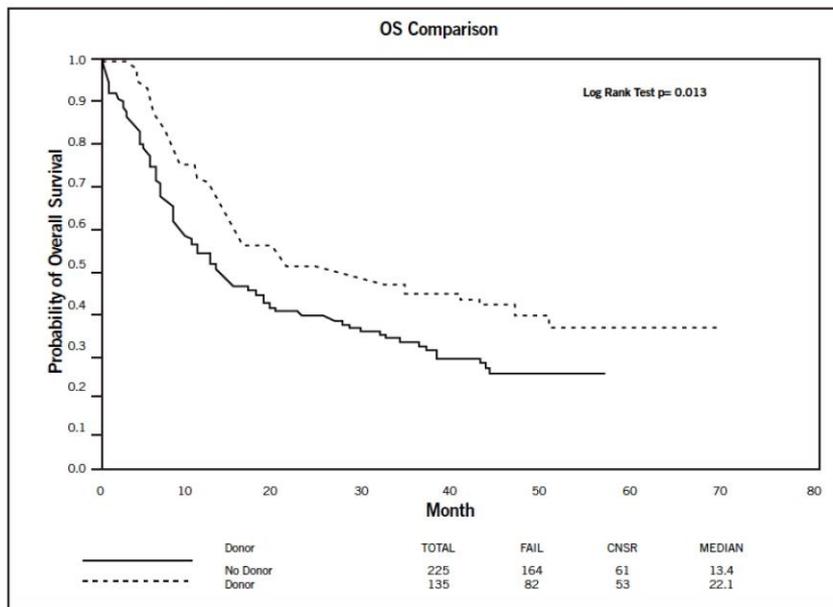
Prospective study of HLA-matched donor availability and survival in remission after AML in older adults: 1st planned analysis from ECOG-ACRIN E2906 phase III randomized trial in patients age ≥ 60 years.

Foran JM, abstract S857, EHA 2018.

- 727 pts LAM > 60 ans
- Induction 3+7 et conso ID-AraC vs Clofa
- Allo en RC 1 (après 1 conso)
 - RIC
 - Donneur apparenté (42%) ou 10/10 (58%)
- 360 RC - 135 avec donneur - 61+55 greffés

Overall Survival of Patients Achieving CR, CRi, or MLFS

According to HLA-Matched Donor Status : Primary Analysis



Overall Survival

Donor 22.1 mos
No Donor 13.4 mos
p=0.013

EFS

Donor 14.3
No Donor 8.4
p=0.006

FU=37.7

	Hazard Ratio (HR)	95% CI		P-value
Donor vs. No donor	0.76	0.56	1.04	0.09
in Unfavorable Risk Cytogen.	0.65	0.38	1.13	0.13
Intermediate Risk Cytogen.	0.86	0.58	1.27	0.44
Baseline HCT-CI 0 vs. >2	0.82	0.56	1.22	0.33

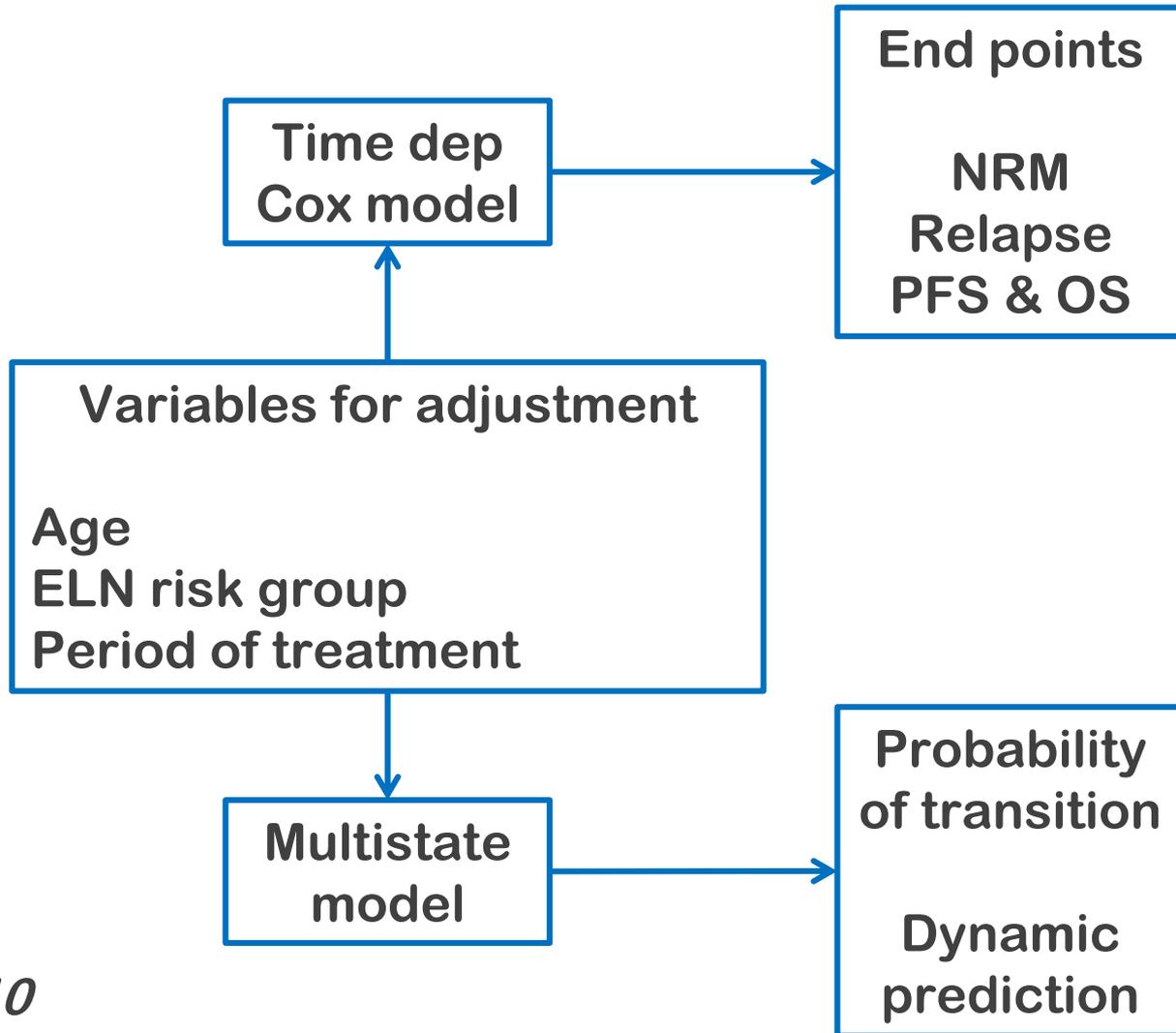
Multivariate Cox Model for Overall Survival

Methods

Multicenter retrospective analysis

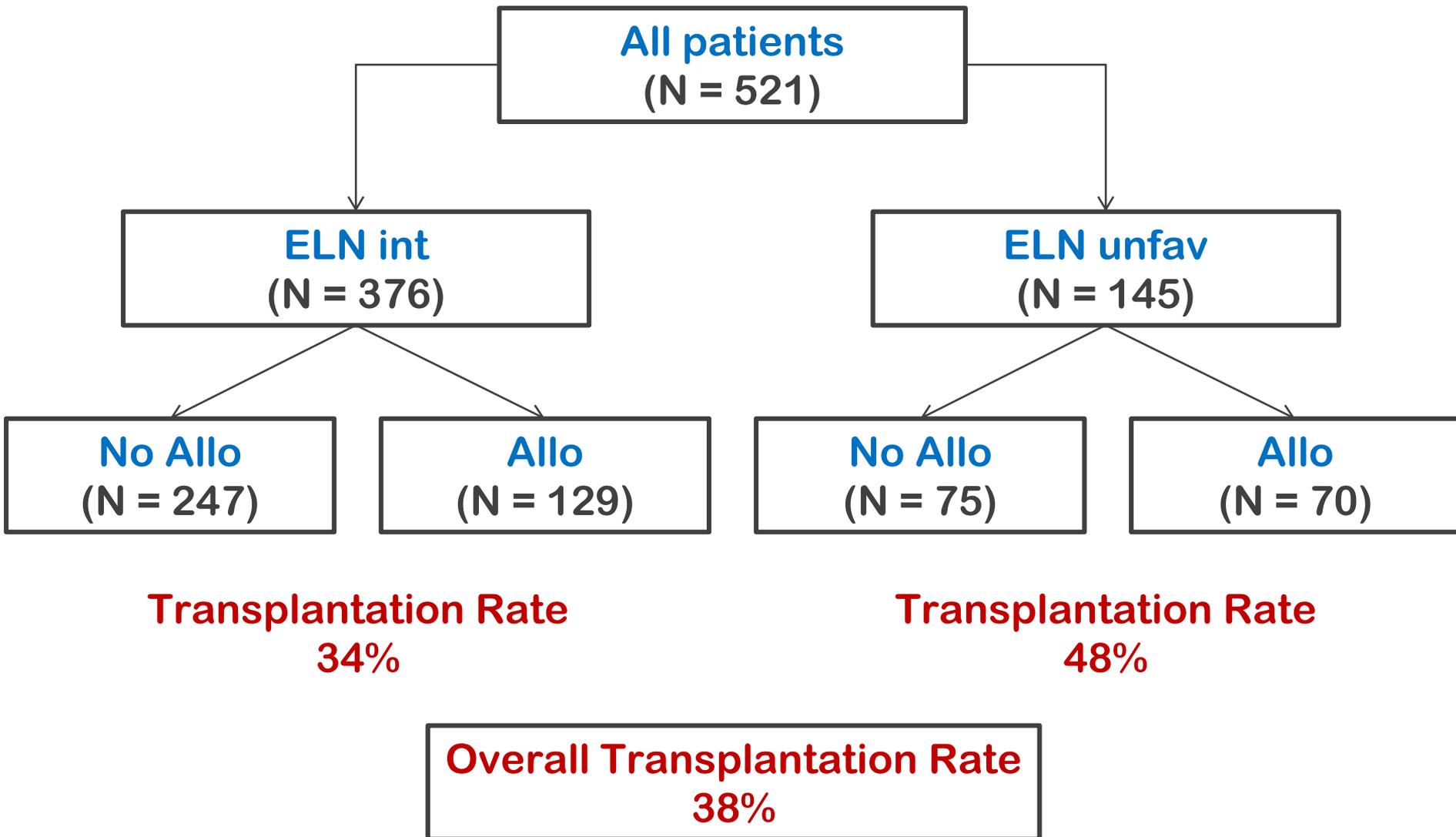
Selection criteria

- 6 FILO centers
- 2007 to 2017
- Age = 60-70 y
- ELN int or unfav*
- AML in CR1
- Intensive chemo



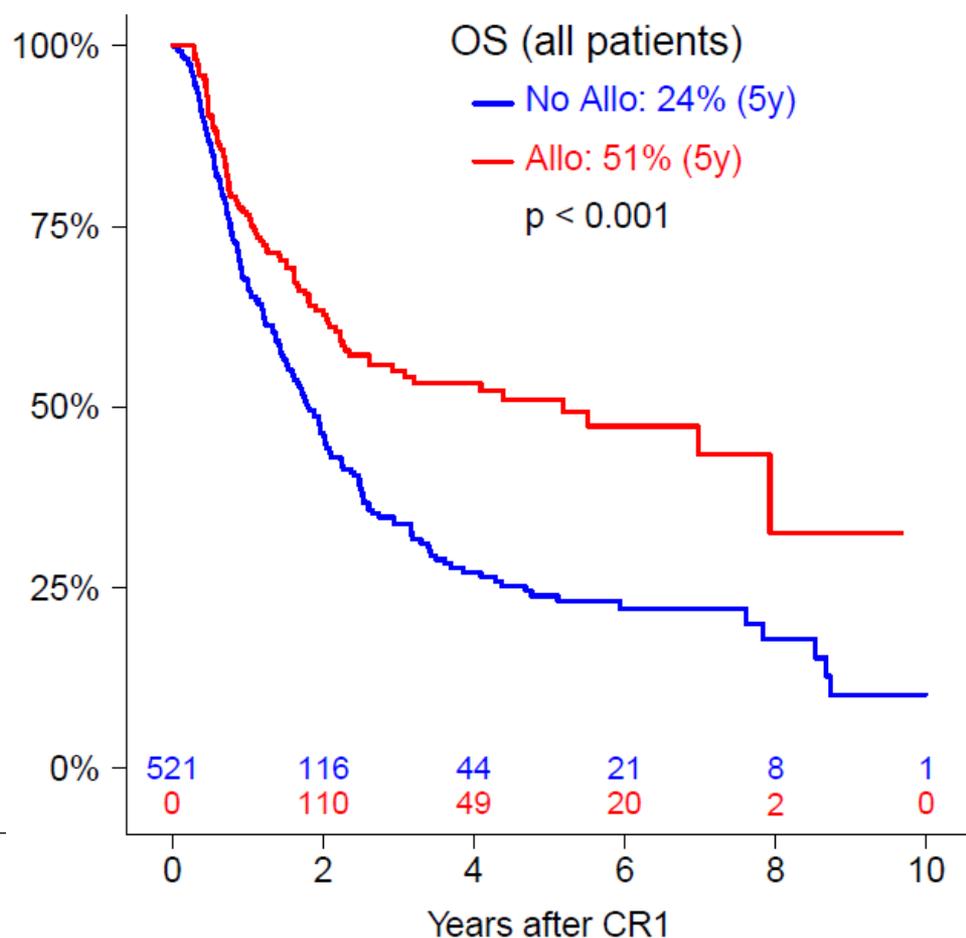
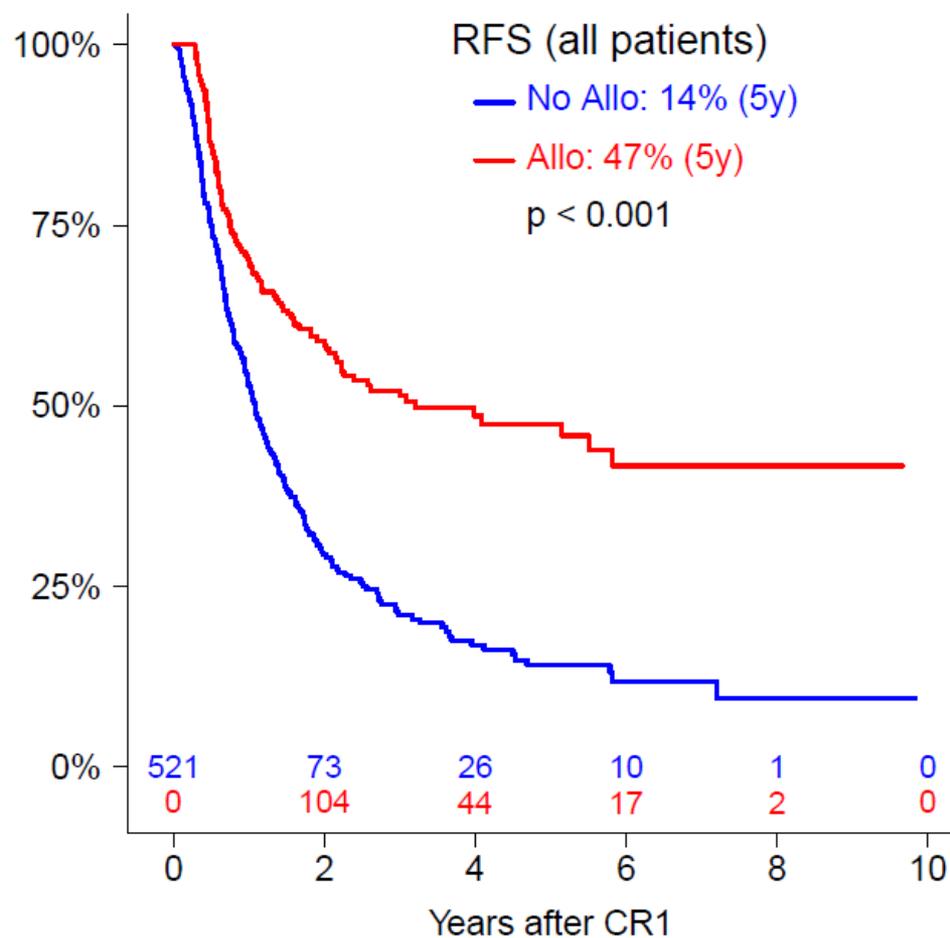
* According to ELN 2010

Patients



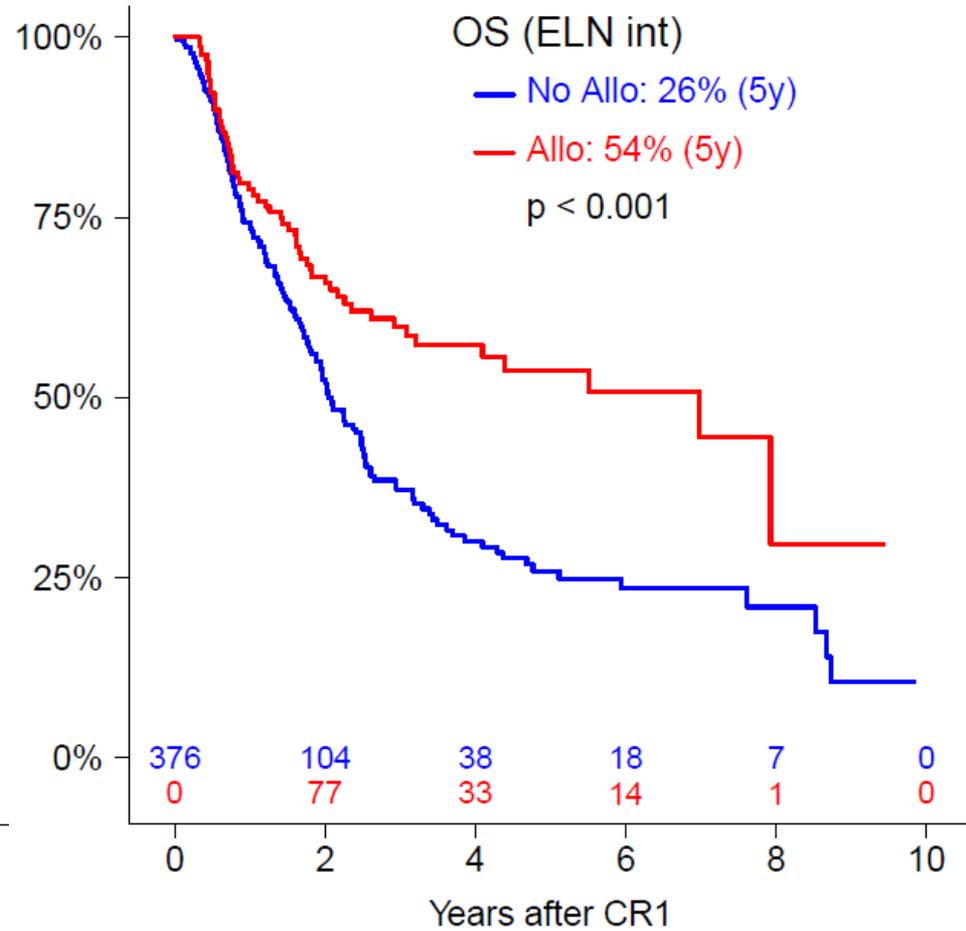
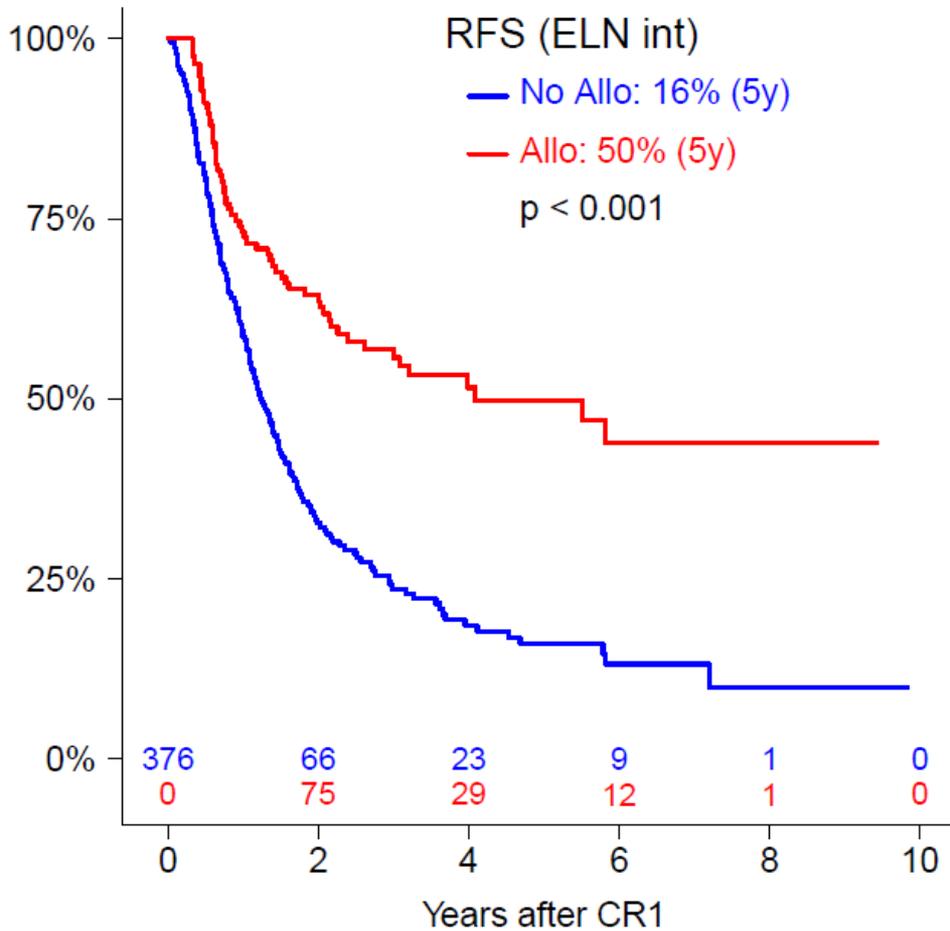
Impact of Allo: Simon Makuch Plot

All patient (N = 521)



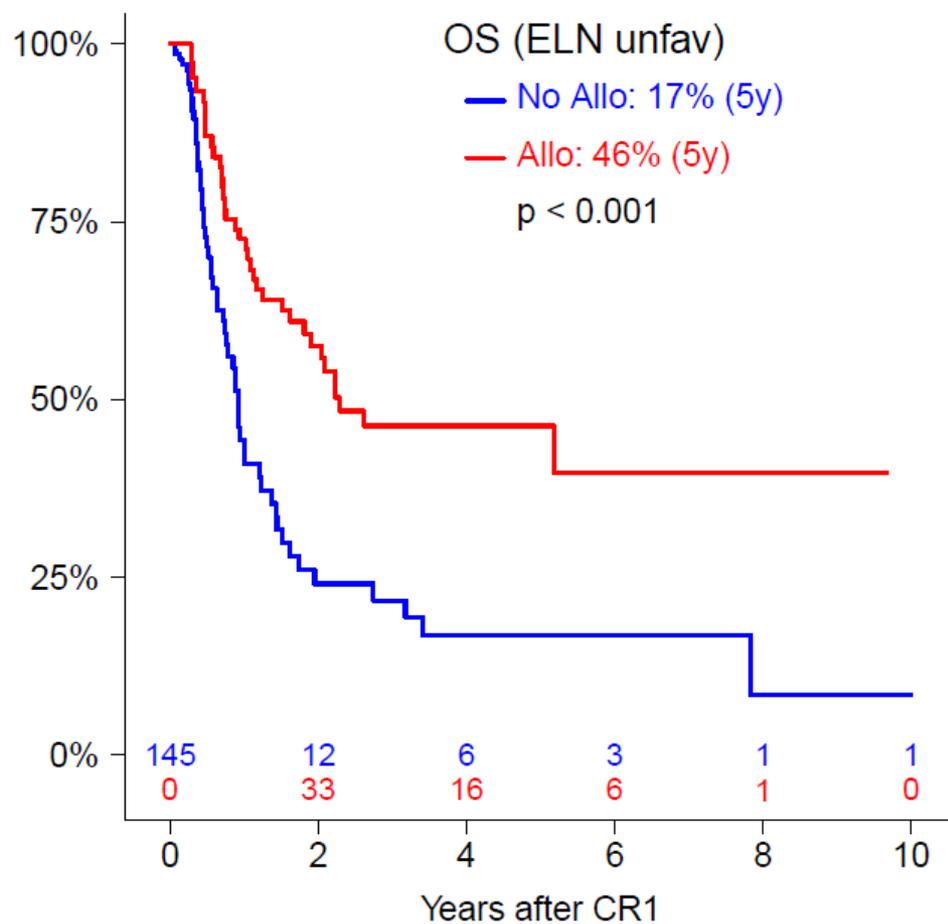
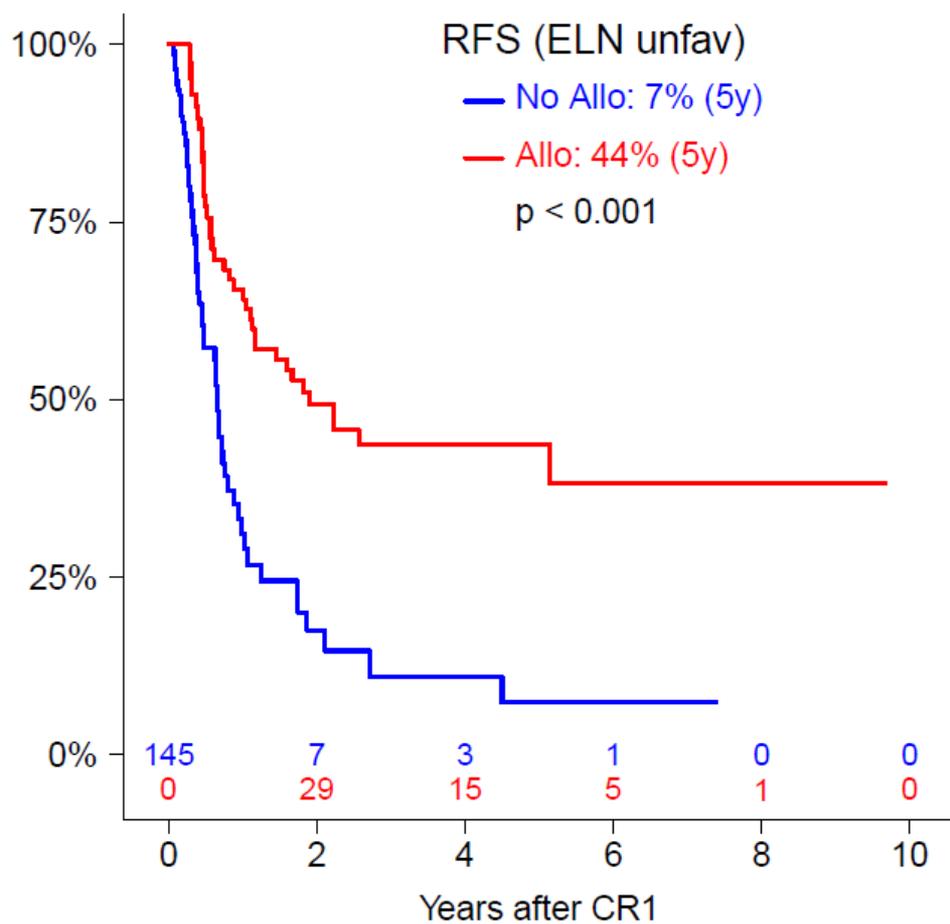
Impact of Allo: Simon Makuch Plot

Intermediate ELN (N = 376)



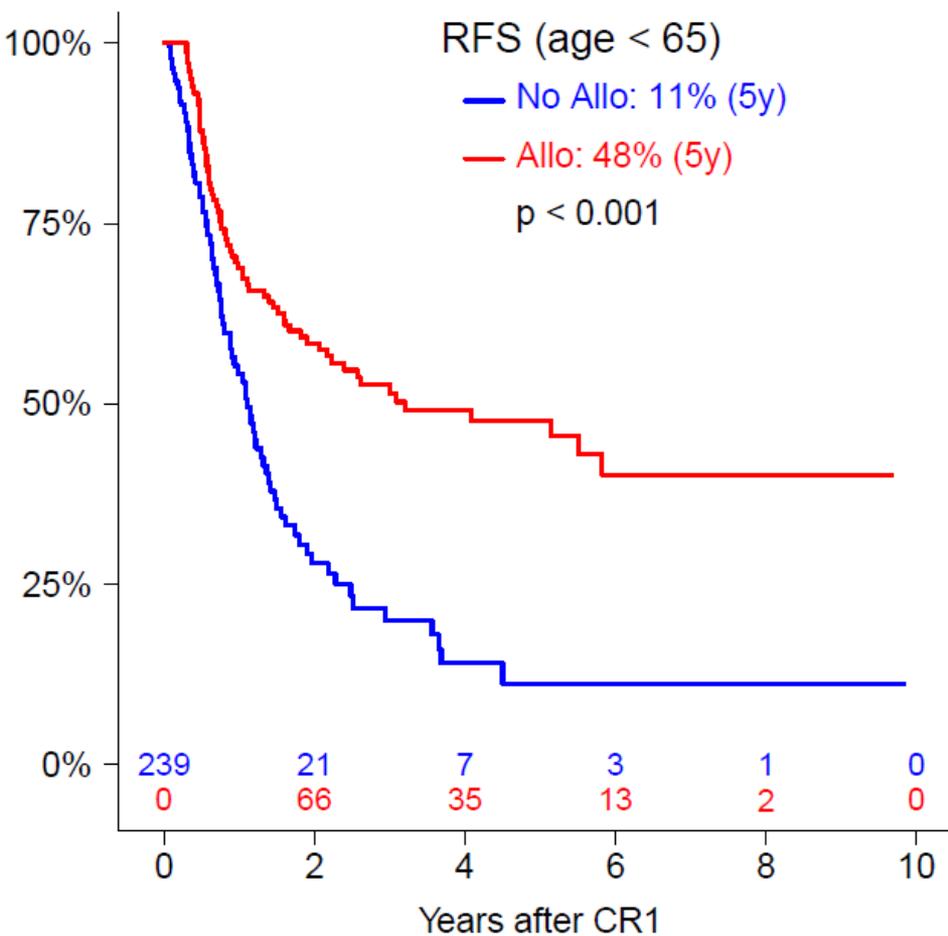
Impact of Allo: Simon Makuch Plot

Unfavorable ELN (N = 145)

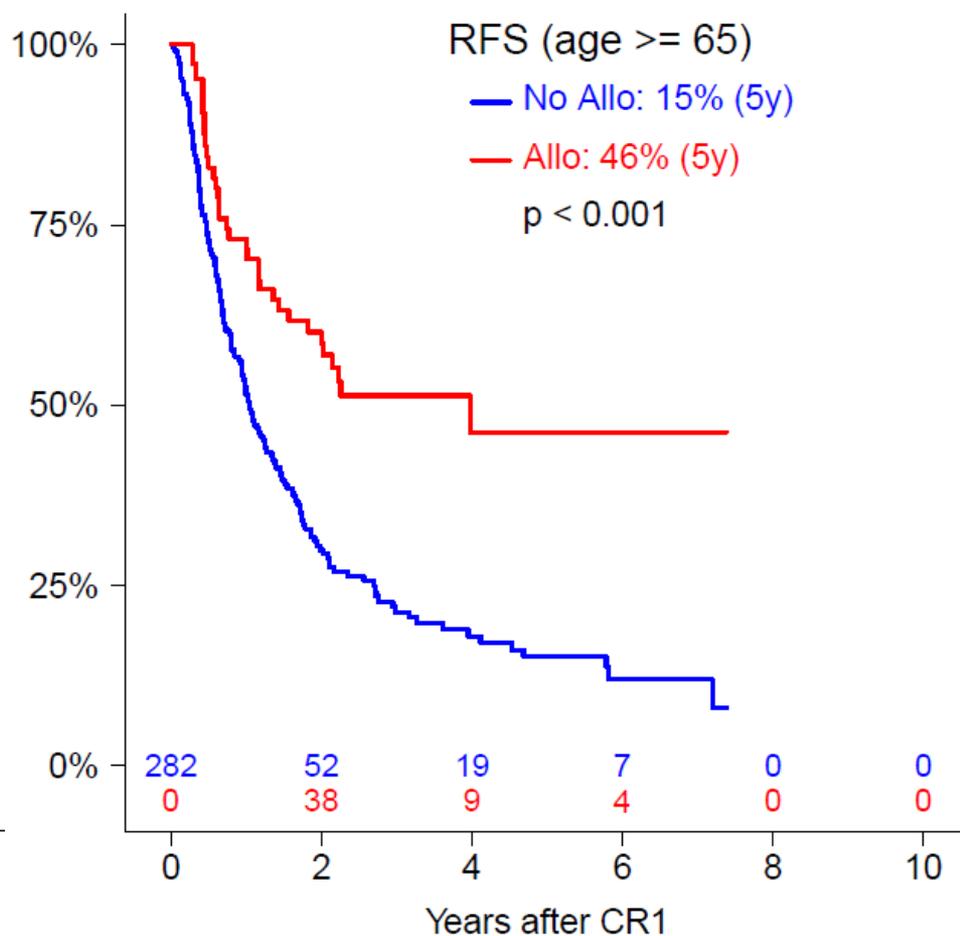


Impact of Allo: Simon Makuch Plot

Age < 65 y (N = 239)



Age ≥ 65 y (N = 282)



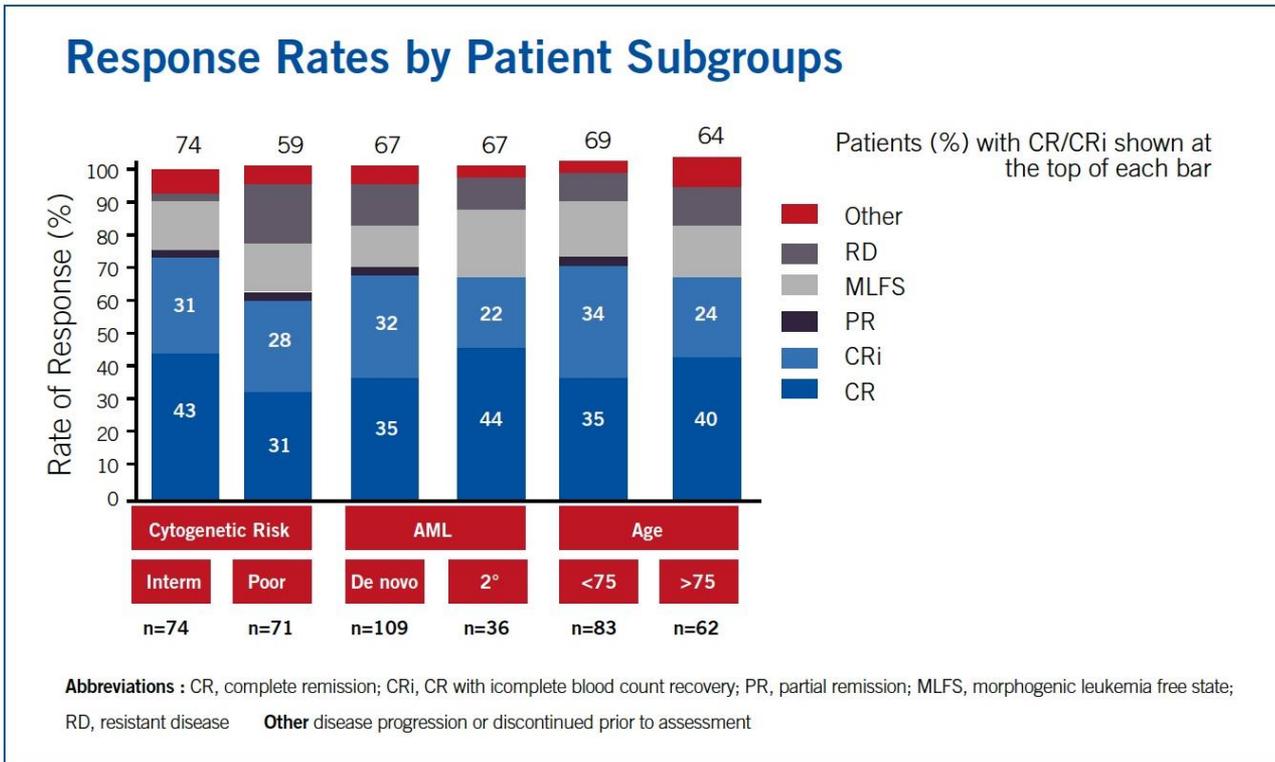
Durable response with venetoclax in combination with decitabine or azacitidine in elderly patients with acute myeloid leukemia.

Dinardo C, abstract S1563, EHA 2018

- 145 pts phase d'extension phase 1b (Lancet Oncol 2018)
- Age > 65 (43% >75)
- K défavorable 49% - LAM 2nd 25 % - FLT3ITD 10% - TP53 11%
- AZA (75 x7) ou DEC (20 x 5)
 - Bras A : VEN400 (x28) 100-200-400
 - Bras B : VEN800 (x28) 100-200-400-800

Durable response with venetoclax in combination with decitabine or azacitidine in elderly patients with acute myeloid leukemia

- RC + Rci :
 - 67% (idem AZA/DEC)
 - 73,5% VEN400 vs 66,5% VEN800
- OS mediane : 17,5 mois (FU 15,8) idem VEN400/800



AZA-AML001

RC : 28,5%

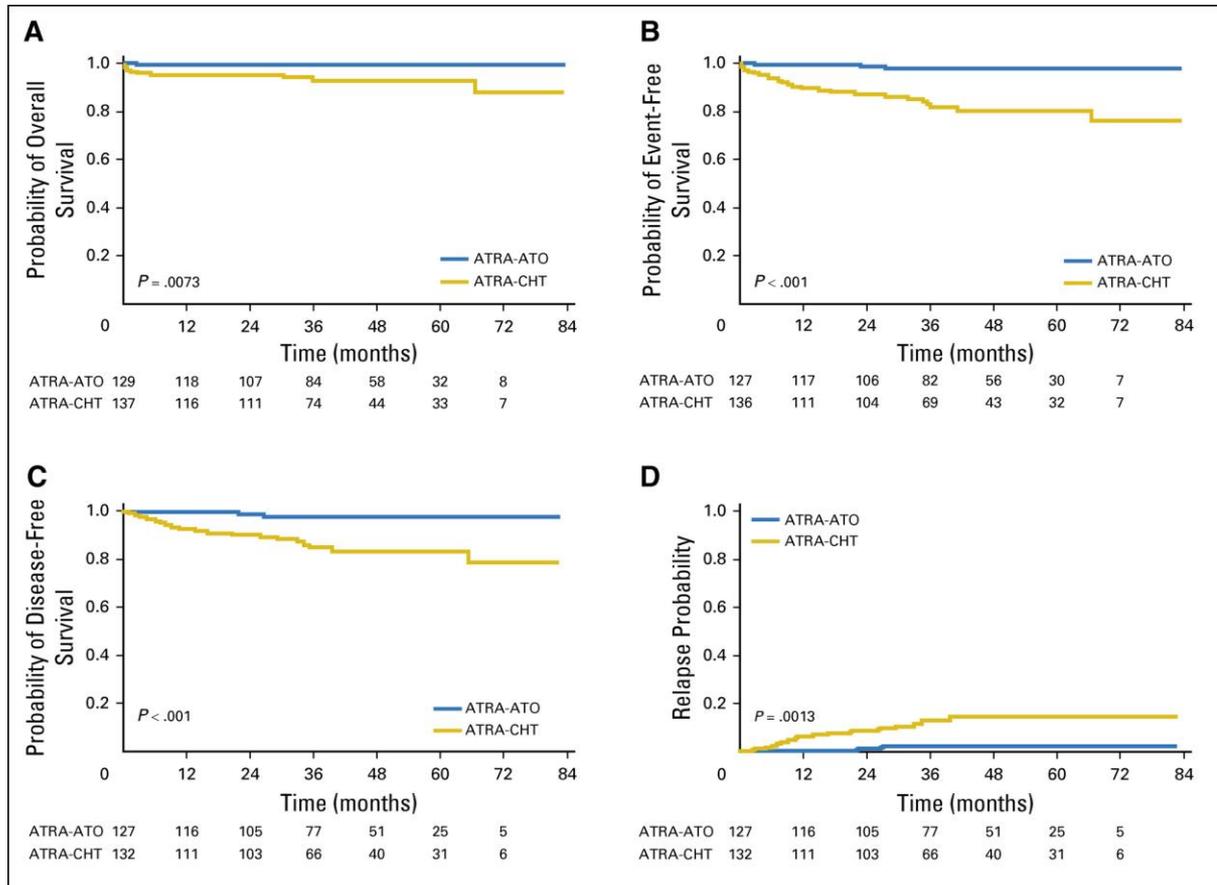
OS : 10,4 mois

Durable response with venetoclax in combination with decitabine or azacitidine in elderly patients with acute myeloid leukemia

- Pas de syndrome de lyse
- Tolérance hémato
 - Neutropénie G3/G4 : 31%
 - Thrombopénie G3/G4 : 25%
 - Anémie G3/G4 : 25%
- Mortalité à J60 : 8%

Very long-term results of All-trans retinoic acid and arsenic trioxide in non-high risk acute promyelocytic leukemia: latest update of the Italian-German APL0406 randomized trial.

Cicconi L, abstract S115, EHA 2018



- 266 pts (129+137)
- FU : 66 m
- OS : 96,6% vs 77,4%
- Toxicité
 - QTc
 - Neuropathies axonales
 - Cytolyses hépatiques

Outcome estimates. (A) Overall survival. (B) Event-free survival. (C) Disease-free survival. (D) Relapse.

ATO, arsenic trioxide; ATRA, all-trans-retinoic acid; CHT, chemotherapy.